

NURSE-MIDWIFERY IN THE CARIBBEAN¹

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Nurse-midwives provide the bulk of maternal and child health care in the Caribbean Area. Their contribution over the years has been a major one, and as national health programs have become more comprehensive, so too have nurse-midwives' roles and functions.

Introduction

Nurse-midwives play a key role in family health care delivery in the Caribbean Area. Their task is especially important because women of childbearing age and children under age 15 constitute about 68 per cent of the total Caribbean population (1). These young and dependent groups create an unusually great demand for social services, the most important of which are related to health care. What is more, current demographic trends suggest that the proportion of women and children in the area's fast-growing population is likely to rise in coming years (1), increasing still further these groups' health service needs (2).

The English-speaking Caribbean Area contains 16 countries and territories (3). Stretched along a 1,000-mile island chain, they vary greatly in size, population, and geographic features. The northernmost

islands, the Bahamas, skirt the Florida coast, while the southernmost, Trinidad and Tobago, come within about 35 miles of Venezuela. Altogether, the area's total population includes approximately five-and-a-half million people.

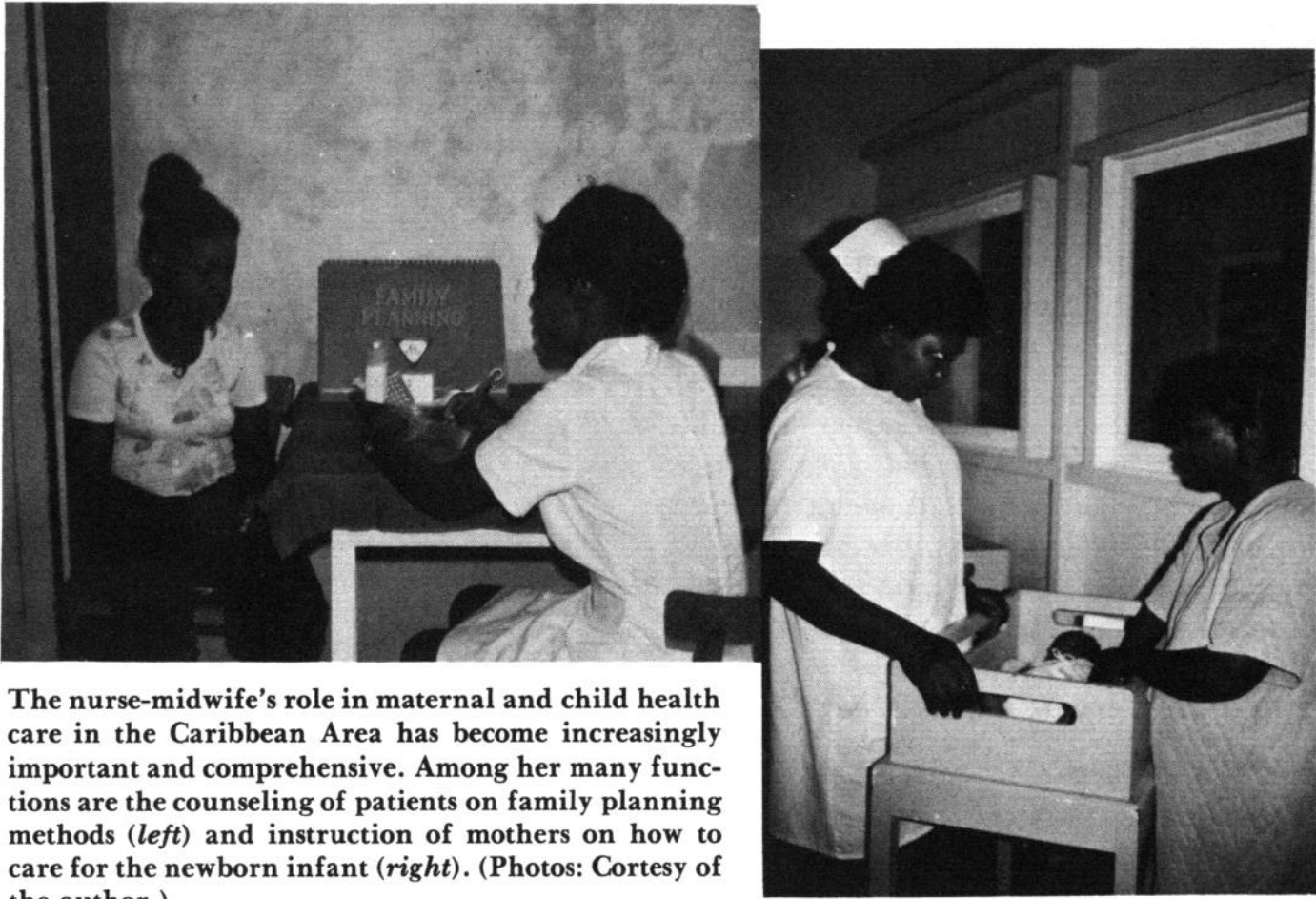
In addition to the indigenous inhabitants, activities such as inter-island trade, tourism, and the quest for employment have brought significant numbers of relatively young expatriates to the various islands. Like the indigenous inhabitants, these persons periodically need health services.

The countries of the Caribbean are located in a tropical region and are classified socioeconomically as developing nations (2). Accordingly, their priority health problems differ from those of the world's less tropical and more developed countries. This also means that the health care delivery system—as well as the skills and knowledge of its health personnel—must also differ in order to concentrate on these priorities.

In the Caribbean, nurse-midwives are the major providers of maternal and child health (MCH) services, both curative and preventive (1). Among other things, this is due to a general shortage of physicians and

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The nurse-midwife's role in maternal and child health care in the Caribbean Area has become increasingly important and comprehensive. Among her many functions are the counseling of patients on family planning methods (*left*) and instruction of mothers on how to care for the newborn infant (*right*). (Photos: Cortesy of the author.)

other categories of health personnel. The usual overall proportions of those providing maternal and child health services are on the order of eight nursing personnel to one physician per 10,000 population. In most of the countries, however, the bulk of the health facilities and personnel are found in densely populated urban areas. Fewer facilities and personnel serve the surrounding semi-urban regions and the often mountainous rural areas.

As this implies, the roles and functions of nurse-midwives may vary widely, depending on the regions of the countries where they work. Whereas in urban zones they tend to devote themselves to only one type of health service, in rural settings they may have to deliver complete health care.

Nurse-Midwife Preparation

As these circumstances suggest, education of the Caribbean nurse-midwife needs to be broad and comprehensive. It must include sufficient knowledge to identify and treat certain tropical diseases prevalent in the region, as well as other diseases related directly or indirectly to socioeconomic development. Among the former are helminthiasis, yaws, and various diseases preventable by immunization (4); among the latter are gastroenteritis and malnutrition (5).

Most graduate nurses in the Caribbean complete a course in midwifery after their

general nurses' training (6). Consequently, nurse-midwives may be found working in almost any area of family health care delivery, and are not limited to maternity care alone.

In general, the educational preparation of nurse-midwives in the English-speaking Caribbean is patterned after the British system, which includes a basic general or secondary education, three years of general nursing, and one year of midwifery. The latter year includes a period of experience with home delivery management in most countries. Graduates are thus equipped to function either as staff nurse-midwives in hospitals or as district nurse-midwives in the community. Most nurse-midwives live in the same areas where they work.

Nurse-Midwife Responsibilities

In the community, the nurse-midwife is well known by the people of her area, and is looked upon as the continuous health authority for that region. She is usually on 24-hour call, and must handle not only the ongoing health work (primarily MCH), but emergency cases and home deliveries as well. If an emergency is beyond the scope of her work, she must make the necessary referral to the closest physician or health facility.

Among other things, the largely agricultural rural areas have a fairly high rate of injury from machetes, knives, and other farm implements and machinery. Therefore, the nurse-midwife must be responsible for first-aid, suturing of wounds, changing of daily dressings, and administration of injections to help prevent tetanus and other infections.

Most of the countries have small cottage hospitals in the rural areas which are equipped to handle certain emergencies or minor surgical cases. District Medical Officers are

responsible for these hospitals. These medical officers usually visit the rural clinics and health posts once weekly or fortnightly to conduct general medical clinics and to handle the high-risk MCH referrals from the nurse-midwife.

Comprehensive MCH Programs

In recent years, many Caribbean countries have been expanding their health programs to provide more comprehensive MCH services (7). Before then, these services were largely limited to the following: prenatal care, health education and nutrition counseling, home visits for patients failing to attend clinics, hospital and domiciliary intrapartum care, immediate postnatal care, neonatal care, health supervision of well children up to three years of age (including immunizations), and care for sick children in hospitals. Since then, however, many countries have increasingly tended to include the following activities in their MCH services: family planning, cytologic screening, high-risk MCH services, postnatal clinic follow-up, home health care supervision, family health counseling, education on family life, school health services, and specialized adolescent health services.

Concomitantly, nurse-midwives in many countries have been expanding their roles, duties, and responsibilities in order to provide the care required for these comprehensive programs. Many personnel at all levels (i.e., the administrative, intermediate, and service levels) have acquired additional skills and techniques to make these programs possible. The following are among the service-level skills acquired by many of the nurse-midwives in several countries: taking of Pap smears, prescription of oral contraceptives, insertion and removal of intrauterine devices, perform-

ance and repair of episiotomies and performance of more complete physical examinations.

Other Nurse-Midwife Functions

In addition to their involvement in direct health care services, nurse-midwives in the Caribbean occupy senior administrative positions in their Governments' Ministries of Health. These nurse-midwives participate in planning and programming MCH services and in making general decisions about national nursing care.

Caribbean nurse-midwives also hold intermediate-level positions as supervisors and educators. Virtually all hospital matrons (directors of nursing services) have had a nurse-midwifery background prior to receiving advanced-level education. Nurse-midwifery training is a prerequisite for public health nurse training and is usually also required for promotion to ward sister (head nurse) posts. Many nurse-midwives bear responsibility for specific elements of MCH programs, serving as family planning program administrators, health education officers, nutrition officers, etc. Nearly all tutors (instructors) in schools of nursing, regardless of the subjects or levels taught, and all departmental sisters (supervisors) have received a nurse-midwifery education.

Following their basic nursing and midwifery courses, all of these personnel go on to take continuing education, post-basic, or advanced-level courses at regional centers or abroad (6). This instruction includes courses in administration, in education, or in such specialty areas as community health, psychiatry, and family planning. A few countries have also made initial plans for training nurse-midwives as nurse-practitioners in pediatrics or in other family health areas, which would give them

expanded and officially defined health care roles.

Other Health Personnel

Nurse-midwives participating in Caribbean MCH programs are frequently the leaders of the nursing team. They work closely with other categories of personnel—including single-trained midwives, nursing assistants, and community health aides.

Single-trained midwives, who are supervised by nurse-midwives or public health nurses, render valuable services to the community. Initially receiving anywhere from 18 months to two years of preparation, depending on the country involved, they work in hospital maternity services or help to provide home midwifery care.

Nursing assistants, who are trained in programs lasting from one year to 18 months, work primarily in hospital nursing services.

Community aides may be either single-purpose workers (acting in only one program area) or multi-purpose workers. They usually receive in-service training, on-the-job training, or short courses (8). Those in MCH programs function primarily as community motivators. Usually being local people who are quite familiar with community health needs, they often serve as vital links between the community and the health services.

Several countries of the Caribbean report the existence of traditional birth attendants or "granny" midwives (9). For the most part, however, these persons are unlicensed and function illegally. It is therefore difficult to estimate the extent of their numbers in the Caribbean Area. A few countries have attempted to provide some limited training for them. Where this has been possible, they are given the titles of "local midwife" or "assistant midwife" (9) and are required to register yearly. They

generally function as independent practitioners, obtain a fee for service, and report periodically to the nurse-midwife. There have recently been some recommendations in the area suggesting increased use of these persons as community motivators.

Conclusions

In sum, the Caribbean nurse-midwife is currently making and will continue to make a vital contribution to the maintenance of family health. She is a trusted member of her community and carries the burden for provision of health care. She has received broad training, and in order to

provide additional quality care she is increasing her knowledge through continuing education.

As maternal and child health care programs become more comprehensive, so too do the nurse-midwife's role and functions. Often the leader of the nursing team, she also serves on inter-disciplinary health teams dedicated to the efficient programming of health services. Nevertheless, the status accorded the Caribbean nurse-midwife does not always reflect her true capacity and responsibility. Thus there is need to improve her status, so that her invaluable service to the community will be assured appropriate recognition and support.

SUMMARY

This article describes the important contributions nurse-midwives are making to health care in the Caribbean.

Most graduate nurses in the region complete a course in midwifery after their general nurses' training. Thus nurse-midwives may be found working in almost any area of family health care delivery and are equipped to serve either hospitals or local communities.

A community nurse-midwife is generally well known by the people in her locale and is looked

on as the continuous health authority in that region. Usually on 24-hour call, she must handle not only ongoing health work but also emergency cases and home deliveries.

In recent times there has been a growing tendency to assign nurse-midwives many of the tasks traditionally assigned to physicians. These circumstances have created a need to improve the nurse-midwife's status, so as to ensure that her invaluable service to the community will receive appropriate recognition and support.

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REGIONAL SYMPOSIUM ON SOLID WASTES TO BE HELD IN SANTO DOMINGO

A Regional Symposium on Solid Wastes Management will be held in Santo Domingo, Dominican Republic, on 13-17 February 1978. The event is being organized by PAHO's Division of Environmental Health in Collaboration with the Inter-American Association of Sanitary Engineering (AIDIS). Conclusions and recommendations of the symposium will be presented at the AIDIS Congress to be held the following week in the same city.

The symposium will seek to provide a forum in which experts from many parts of the Hemisphere can exchange ideas and information. The range of subjects for discussion will be broad, including solid waste processing and disposal methods, operational techniques, institutional considerations, and the overall implications of solid wastes management—for health, society, the economy, and the environment.

Numerous topics will be treated in technical presentations or group discussions by specialists from PAHO and the countries involved. A tentative list of these specific topics is as follows:

- Trends in the evolution of solid wastes: past, present, and future; and relationships between solid, liquid, and gaseous wastes.
- Health, socioeconomic, and environmental implications of solid wastes.
- Collection, handling, storage, transportation, and street-cleaning practices.
- Processing practices: shredding, compacting, and incineration.
- Processing practices: resource recovery, incineration, pyrolysis, and composting.
- Planning of material separation (at source, intermediate separation, final separation) for recycling.
- Capacity, equipment, and cost considerations in the planning, design, and construction of sanitary landfills.
- Operation and maintenance of sanitary landfills: equipment, inspection, monitoring, closing plans, and conversion of dumps.
- Planning and operation of solid waste management services (two sessions).
- Institutional aspects of solid waste services (two sessions).
- Review of ongoing solid waste programs in some countries (two sessions).
- Training needs in solid waste services.
- Basic considerations and criteria for the development of a national policy on solid wastes management.